Application of Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

	01 4110 40 70							10710717					
	CLAIMS	-	S FILED - PART (Column 1)		(Column 2)		SMALL	ENTITY	•	OTHE	R THAN		
TOTAL CLAIMS		T	ens ()	مان	iumn 2)	٦.	TYPE (		QR	SMALL	ENTITY		
FOR		NUMBER FILED		NUMBER EXTRA		-	BASIC FE	FEE	-	RATE	FEE		
TOTAL CHARGEABLE CLAIMS		/7 minus 20=		· »		┨. ]	BASIC FE	385.00	OR	BASIC FEI	770.00		
DEPENDENT CLAIMS						┨	X\$ 9=		OR	X\$18=	· ·		
IULTIPLE DEPENDENT CLAIM P		<u> </u>		6		4.	X43=		OR	X86=			
<del></del>	<del></del>				<u>. U</u>	]	+145=		ОЯ	+290=	·		
•	•	less than zero, enter "0" in column 2			•	TOTAL		OR	TOTAL	720			
2-1-CX	CLAIMS AS	AMENDE	•			•	•	·	_	٠.	THAN		
7	(Column 1)	<del> </del>	Colun High		(Column 3)	4 :	SMALL	ENTITY	OR	SMALL	ENTITY		
	REMAINING AFTER AMENDMENT		NUME PREVIO	BER USLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
Total	. 19	Minus	. 2	0	=6	1	XS 9=		OR	X\$18=	FEE		
Independent		Minus		3	-6-	]	X43=		OR	X86=	\/		
Transi Pries	ENTATION OF M	OLITPLE DE	PENDENT	CLAIM		┇	+145=		OR	+290=	X		
٠. سے			• •		· .		TOTAL DOIT, FEE		OR	TOTAL:	7		
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	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	[	RATE	ADDI- TIONAL		
Total	1.19	Minus	" a	0	= ()		XS 9=	- <del></del>	OR	XS18=	FEE		
Independent	ENTATION OF MU	Minus :	444	<u>ک</u>	-()	]	X43=		OR	X86=	V		
111101111100	ENTATION OF MC	CHPUE DE	PENDENT	CLAIM		<b>!</b>  -	145				<del>- /-</del>		
•				-	٠.	L	+145= TOTAL	. ·	OR	+290=			
	<b>10</b> 21					A	DOIT. FEE	<u> </u>	OR ,	TOTAL DDIT. FEE	للحب		
•	(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	ı ·	·			•	V		
	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
Total	•	Minus	**			-	XS 9=			X\$18=	FEE		
Independent	L	Minus .	***	. •	6	-			OR				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=		OR	X86=			
the entry in order	ma t is less than the				· ·	`.  .	145=		OR .	+290=			
	mn 1 is less than the mber Previously Pal					<b></b>	TOTAL DIT, FEE		DR.	TOTAL	<del></del>		
	mber Previously Paid iber Previously Paid						in the appr			ODIT. FEEL nn 1.			